

**FLINT-GOODRIDGE HOSPITAL**

**Superintendent's  
Report  
1939**



Since the opening of Flint-Goodridge Hospital of Dillard University on February 1, 1932, there have been many indications of its widespread influence on the health of this community.

DEATH RATE DECLINE

The following table, showing trends in death rates in the four southern cities having largest Negro populations, reveals that during 1920 and 1930 New Orleans had the highest Negro death rate. However, by 1938 the situation had been completely reversed and now New Orleans has the lowest Negro death rate of these four cities. From 1920 to 1930 the rate in New Orleans declined 1.2 points, or 2.8%.

"A hospital may be a distinguished institution, no matter what its size. If it is great in spirit, original in its outlook, creative in its service and inspiring in its community relationships, it will assume a definite personality."

	1920	1930	Rate of Decline	1938	Rate of Decline
Atlanta	22.8	22.2	4.4	20.05	3.15
Birmingham	22.6	19.3	1.3	18.7	3.5
Memphis	26.8	22.3	3.8	18.1	8.2
New Orleans	26.8	25.6	1.2	14.6	10.4

To a large extent these results are traceable to the hospital's services to patients, the additional opportunities which the hospital has afforded the staff for professional development, and the community educational efforts initiated by Flint-Goodridge.

Figures supplied by respective City Boards of Health.



Since the opening of Flint-Goodridge Hospital of Dillard University on February 1, 1932, there have been many indications of its widespread influence on the health of this community.

#### DEATH RATE DECLINES

The following table, showing trends in death rates in the four southern cities having largest Negro populations, reveals that during 1920 and 1930 New Orleans had the highest Negro death rate. However, by 1939 the situation had been completely reversed and now New Orleans has the lowest Negro death rate of these four cities. From 1920 to 1930 the rate in New Orleans declined by 1.2 per 100,000 population. From 1930 to 1939, which includes the period the new hospital has been in operation, the New Orleans rate has declined by 10.4 per 100,000. This is a greater rate of decline than that recorded for any of the other cities.

TRENDS IN NEGRO DEATH RATES  
IN THE FOUR SOUTHERN CITIES HAVING LARGEST NEGRO POPULATIONS\*

	1920	1930	Rate of Decline	1939	Rate of Decline
Atlanta	22.8	23.2	4.4	20.05	3.15
Birmingham	22.6	19.3	3.3	15.7	3.6
Memphis	26.8	23.3	3.5	15.1	8.2
New Orleans	26.2	25.0	1.2	14.6	10.4

To a large extent these results are traceable to the hospital's services to patients, the additional opportunities which the hospital has afforded the staff for professional development, and the community educational efforts initiated by Flint-Goodridge.

\*Figures supplied by respective City Boards of Health.

A hospital may be a distinguished institution, no matter what its size. It is great in spirit, original in its outlook, creative in its service and inspiring in its community relations. It will assume a definite personality.



Since the opening of Flint-Goodridge Hospital of Dillard University on February 1, 1932, there have been many indications of its widespread influence on the health of this community.

DEATH RATE DECLINES

The following table, showing trends in death rates in the four southern cities having largest Negro populations, reveals that during 1930 and 1930 New Orleans had the highest Negro death rate. However, by 1939 the situation had been completely reversed and now New Orleans has the lowest Negro death rate of these four cities. From 1930 to 1939 the rate in New Orleans declined by 1.3 per 100,000 population. From 1930 to 1939, which includes the period the new hospital has been in operation, the New Orleans rate has declined by 10.4 per 100,000. This is a greater rate of decline than that recorded for any of the other cities.

TRENDS IN NEGRO DEATH RATES IN THE FOUR SOUTHERN CITIES HAVING LARGEST NEGRO POPULATIONS\*

	1939	Rate of Decline	1930	Rate of Decline
Atlanta	20.08	4.4	22.8	22.8
Birmingham	18.7	3.3	19.3	22.8
Memphis	16.1	2.5	23.3	22.8
New Orleans	10.4	1.3	28.9	22.8

To a large extent these results are traceable to the hospital's services to patients, the additional opportunities which the hospital has afforded the staff for professional development, and the community educational efforts initiated by Flint-Goodridge.

\*Figures supplied by respective City Boards of Health.

HOSPITAL SERVICES INCREASE

There is definite relationship between the decrease in the New Orleans Negro death rate and the increase in the services rendered by Flint-Goodridge Hospital.

In 1939 we served approximately three times more individuals than in 1932, the days of hospital care were almost doubled, while the clinic visits increased nearly four times.

INDIVIDUAL PATIENTS SERVED

	1932	1939
Admitted to hospital	977	2,013
Served in clinic	1,858	6,844
Served in emergency room	673	1,606
Total Patients Served	3,508	10,463

HOSPITAL DAYS AND CLINIC VISITS

	1932	1939
Total days of hospital care given	9,688	17,755
Total clinic visits	7,790	27,910

QUALITY OF CARE IMPROVES

Along with the increased quantity of work has gone a decided improvement in the quality of service rendered. In the three fields in which we have concentrated our efforts and in which there are field nurses provided by the Julius Rosenwals Fund for interpretative follow-up work, the quality of care is unusual, as indicated by the table on the following page.



NUMBER OF PATIENTS AND CLINIC VISITS  
IN DEPARTMENTS HAVING FIELD NURSES

	1938			1939		
	Patients	Visits	Average Visits	Patients	Visits	Average Visits
Syphilis	349	5,983	17.1	312	6,329	20.2
Tuberculosis	132	771	5.8	139	928	6.6
Obstetrics	208	1,058	5.08	244	1,509	6.1
Pediatrics	1,705	4,385	2.5	1,775	5,157	2.9

In four major syphilis teaching clinics, namely, Johns Hopkins, University of Pennsylvania, University of Michigan, and Western Reserve the average annual visits per patient is 16.\* An average of 20.2 visits per patient is indicative of the thoroughness with which cases are followed up at Flint-Goodridge. The small decline in the number of syphilis patients is due to the fact that eighteen months ago we arranged to provide free syphilis drugs to our staff physicians for the treatment of their private patients. Many persons who would otherwise come to the clinic now go to private physicians.

In the field of obstetrics the 1938 Louisiana death rate from causes incident to childbirth was 8.1 as compared with the United States average of 4.35. Most obstetrical ptients do not come to clinic before the second or third month of pregnancy. If, after they come, we can continue to have them make an average of 6.1 clinic visits, we will materially reduce this tremendously high rate.

As is signified by our record of growth, this institution belies the argument frequently advanced that Negroes do not have confidence in their own professional group. The doctors and nurses of Flint-

\*Dr. O. C. Wengor, Senior Surgeon, United States Public Health Service

HOSPITAL SERVICES INCREASE

There is definite relationship between the decrease in the New Orleans Negro death rate and the increase in the services rendered by Flint-Goodridge Hospital. In 1939 we served approximately three times more individuals than in 1932, the days of hospital care were almost doubled, while the clinic visits increased nearly four times.

INDIVIDUAL PATIENTS SERVED

1939	1932	
10,463	3,308	Total Patients Served
1,608	873	Served in emergency room
8,844	1,888	Served in clinic
2,013	577	Admitted to hospital

HOSPITAL DAYS AND CLINIC VISITS

1939	1932	
27,910	7,790	Total clinic visits
17,788	9,688	Total days of hospital care given

QUALITY OF CARE IMPROVES

Along with the increased quantity of work has gone a decided improvement in the quality of service rendered. In the three fields in which we have concentrated our efforts and in which there are field nurses provided by the Johns Rosenwald Fund for interpretative follow-up work, the quality of care is unusual, as indicated by the table on the following page.



license in their own professional group. The doctors and nurses of Flint believe the argument frequently advanced that Negroes do not have com- As is signified by our record of growth, this institution

reduce this tremendously high rate. time to have them make an average of 6.1 clinic visits, we will materially the second or third month of pregnancy. If, after they come, we can con- average of 4.35. Most obstetrical patients do not come to clinic before causes incident to childbirth was 8.1 as compared with the United States In the field of obstetrics the 1938 Louisiana death rate from clinic now go to private physicians.

of their private patients. Many persons who would otherwise come to the to provide free syphilis drugs to our staff physicians for the treatment syphilis patients is due to the fact that eighteen months ago we arranged followed up at Flint-Goodridge. The small decline in the number of per patient is indicative of the thoroughness with which cases are the average annual visits per patient is 16. An average of 20.2 visits University of Pennsylvania, University of Michigan, and Western Reserve In four major syphilis teaching clinics, namely, Johns Hopkins,

1938			1939		
Average	Patients	Visits	Average	Patients	Visits
20.2	312	6,329	20.2	312	6,329
8.8	138	328	8.8	138	328
6.1	244	1,508	6.1	244	1,508
2.9	1,775	2,157	2.9	1,775	2,157

NUMBER OF PATIENTS AND CLINIC VISITS  
IN DEPARTMENTS HAVING FIELD NURSES

an additional one cent per day. For the two cents per day, subscribers plan in which hospital service plan subscribers might enroll by paying staff regarding the possibility of inaugurating a group medical service Toward the end of 1939 we began a discussion with the medical

and the hospital has attracted national attention. charged by Flint-Goodridge is the lowest. The fact that the plan operates on this low premium rate to the mutual financial advantage of the members hospital service plans in the United States. The \$3.65 per annum rate were enrolled. There are now 4,500,000 subscribers to the 60 group plan was put in operation in 1936. By the end of 1939, 3,196 members a stronger feeling of self-reliance, our penny-a-day group hospital service have access to Flint-Goodridge as private patients, thereby establishing In order that employed persons on low economic levels might

sickness in a group of persons can be predicted. will be sick nor how much his sickness will cost. However, the amount of budgeting for these unpredictable hazards. No individual knows when he can pay hospital and doctor bills unless some plan is provided for group than \$1,000 per year per family. Certainly very few of these families Of the 42,000 Negro families in New Orleans, 94.2% earn less

GROUP HOSPITAL SERVICE PLAN

these patients. In 1932, 33.2% of the pay patients entering the hospital were treated by Negro doctors, while in 1939 Negro doctors treated 43.7% of Goodridge, through their diligence and proficiency, have rapidly won the respect of this community.



would be entitled to hospitalization and the professional services of any member of the staff while confined to the hospital.

FINANCES

In 1939, 7,789 days of hospital care were rendered to free patients and 2,814 days of part pay patients at a cost of \$30,653.61 as compared with 4,494 free days and 1,371 part pay days in 1932 at a cost of \$16,070.47. This increase in free and part pay services has in part been made possible by increases in the annual appropriation of the New Orleans Community Chest from \$2,814.00 in 1932 to \$8,750.00 in 1939, and by an annual appropriation of \$3,000.00 by the City of New Orleans, beginning in 1938.

The following table indicates our financial growth:

	1932	1935	1939
<u>TOTAL NET EARNINGS</u>	\$26,942.96	\$29,417.72	\$52,824.91
<u>CONTRIBUTIONS</u>			
Dillard University:			
Regular Subsidy	\$13,200.00	\$15,879.86	\$14,400.00
Educational Projects	5,100.00	5,100.00	4,996.23
Community Chest	2,814.00	6,000.00	8,750.00
City of New Orleans			3,000.00
Rosenwald Fund for Special			
Projects (Part of 3 Year Grant)			7,621.20
Sundry		1,212.42	384.72
Total	\$21,114.00	\$28,192.28	\$39,152.15
<u>TOTAL EXPENSES</u>	\$55,163.11	\$60,508.08	\$91,816.70
Net Loss	\$ 7,106.15	\$ 2,898.08	
Net Gain			\$ 160.36

Goodridge, through their diligence and proficiency, have rapidly won the respect of this community.

In 1932, 32.2% of the pay patients entering the hospital were treated by Negro doctors, while in 1939 Negro doctors treated 43.7% of these patients.

GROUP HOSPITAL SERVICE PLAN

Of the 42,000 Negro families in New Orleans, 94.2% earn less than \$1,000 per year per family. Certainly very few of these families can pay hospital and doctor bills unless some plan is provided for group budgeting for these unpredictable hazards. No individual knows when he will be sick nor how much his sickness will cost. However, the amount of sickness in a group of persons can be predicted.

In order that employed persons on low economic levels might have access to Flint-Goodridge as private patients, thereby establishing a stronger feeling of self-reliance, our penny-a-day group hospital service plan was put in operation in 1938. By the end of 1939, 3,196 members were enrolled. There are now 4,500,000 subscribers to the 60 group hospital service plans in the United States. The \$3.65 per annum rate charged by Flint-Goodridge is the lowest. The fact that the plan operates on this low premium rate to the mutual financial advantage of the members and the hospital has attracted national attention.

Toward the end of 1938 we began a discussion with the medical staff regarding the possibility of inaugurating a group medical service plan in which hospital service plan subscribers might enroll by paying an additional one cent per day. For the two cents per day, subscribers



CONCLUSION

Flint-Goodridge is on the "Fully Approved List" of the American College of Surgeons; we are "Approved for Internship" by the American Medical Association and our group hospital service plan is approved by the American Hospital Association, the only approved Negro plan. The September 2nd issue of THE SATURDAY EVENING POST carried a 4,000 word article describing the work of the hospital; in October the superintendent was invited to read a paper on our public health activities before the American Public Health Association.

I am appreciative of the fact that these high ratings and national recognition have come to the hospital as a result of our having had the splendid cooperation of the trustees, the medical advisory board, the medical staff, hospital employees and a host of interested friends.

would be entitled to hospitalization and the professional services of any member of the staff while confined to the hospital.

FINANCES

In 1932, 7,788 days of hospital care were rendered to free patients and 2,814 days of part pay patients at a cost of \$30,823.81 as compared with 4,494 free days and 1,371 part pay days in 1931 at a cost of \$18,070.47. This increase in free and part pay services has in part been made possible by increases in the annual appropriation of the New Orleans Community Chest from \$2,814.00 in 1931 to \$8,750.00 in 1932, and by an annual appropriation of \$3,000.00 by the City of New Orleans, beginning in 1932.

The following table indicates our financial growth:

TOTAL NET EARNINGS		1932	1931	1930
TOTAL CONTRIBUTIONS		\$28,942.98	\$29,417.72	\$22,824.91
Total		\$21,114.00	\$28,102.78	\$23,182.18
Sundry			1,212.42	384.75
Projects (Part of 3 Year Grant)				7,821.20
Rosenwald Fund for Special				2,000.00
City of New Orleans				8,750.00
Community Chest		2,814.00	6,000.00	4,998.23
Educational Projects		8,100.00	8,100.00	\$14,400.00
Regular Subsidy		\$12,200.00	\$12,879.88	
Dillard University				
TOTAL EXPENSES		\$25,163.11	\$20,808.08	\$21,816.70
Net Loss		\$ 7,108.18	\$ 2,888.08	
Net Gain				\$ 160.28



CONCLUSION

Flint-Goobridge is on the "Fully Approved List" of the American College of Surgeons; we are "Approved for Internship" by the American Medical Association and our group hospital service plan is approved by the American Hospital Association, the only approved Negro plan. The September 2nd issue of THE SATURDAY EVENING POST carried a 4,000 word article describing the work of the hospital; in October the superintendent was invited to read a paper on our public health activities before the American Public Health Association.

I am appreciative of the fact that these high ratings and national recognition have come to the hospital as a result of our having had the splendid cooperation of the trustees, the medical advisory board, the medical staff, hospital employees and a host of interested friends.

STATISTICAL DATA

	1932	1933	1934
<u>1. Inpatient Statistics</u>			
Admissions	232	230	277
Discharges	145	131	202
Deaths	174	230	202
Transfers	43	112	242
Relinquished	333	522	122
Total	777	1,125	1,043
<u>2. Outpatient Statistics</u>			
Admissions	1,332	1,754	2,172
Discharges	1,334	1,734	2,172
Deaths	1,371	1,754	2,172
Transfers	1,332	1,754	2,172
Relinquished	1,332	1,754	2,172
Total	5,661	7,790	9,860
<u>3. Daily Patients</u>			
Admissions	22.2	25.2	28.7
Discharges	14.5	13.1	20.2
Deaths	17.4	23.0	20.2
Transfers	4.3	11.2	24.2
Relinquished	33.3	52.2	12.2
Total	77.7	112.5	104.3
<u>4. Clinic Patients</u>			
Admissions	2,332	2,754	3,172
Discharges	2,334	2,734	3,172
Deaths	2,371	2,754	3,172
Transfers	2,332	2,754	3,172
Relinquished	2,332	2,754	3,172
Total	11,661	14,790	18,860

APPENDIX  
COMPARATIVE STATISTICAL DATA

	1932	1933	1934
<u>1. Inpatient Statistics</u>			
Admissions	232	230	277
Discharges	145	131	202
Deaths	174	230	202
Transfers	43	112	242
Relinquished	333	522	122
Total	777	1,125	1,043
<u>2. Outpatient Statistics</u>			
Admissions	1,332	1,754	2,172
Discharges	1,334	1,734	2,172
Deaths	1,371	1,754	2,172
Transfers	1,332	1,754	2,172
Relinquished	1,332	1,754	2,172
Total	5,661	7,790	9,860
<u>3. Daily Patients</u>			
Admissions	22.2	25.2	28.7
Discharges	14.5	13.1	20.2
Deaths	17.4	23.0	20.2
Transfers	4.3	11.2	24.2
Relinquished	33.3	52.2	12.2
Total	77.7	112.5	104.3
<u>4. Clinic Patients</u>			
Admissions	2,332	2,754	3,172
Discharges	2,334	2,734	3,172
Deaths	2,371	2,754	3,172
Transfers	2,332	2,754	3,172
Relinquished	2,332	2,754	3,172
Total	11,661	14,790	18,860



SOME PERTINENT FIGURES

	<u>1932</u>	<u>1935</u>	<u>1939</u>
<u>1. Hospital Patients</u>			
Compensation	220	200	277
Other Full Pay	165	291	506
Part Pay	176	230	360
Newly Born	63	212	249
Free	353	582	621
Total	977	1,525	2,013
<u>2. Days of Care Given</u>			
Compensation	2,269	1,734	2,713
Other Full Pay	1,554	2,135	4,439
Part Pay	1,371	1,569	2,814
Newly Born	606	1,467	1,524
Free	3,888	5,994	6,265
Total	9,688	12,899	17,755
Average Daily Patients	29.2	35.3	48.7
Percentage of Occupancy Free	44.4	58.7	43.9
<u>3. Individuals Admitted to Each Clinic</u>			
Medicine	419	822	1,010
Surgery	356	734	691
Pediatrics	340	751	1,775
Gynecology & Obstetrics	278	584	563
Urology	114	163	229
Ear, Nose and Throat	249	368	417
Eye	102	171	308
Dental		105	1,265
Special			586
Total	1,858	3,698	6,844
<u>4. Clinic Visits</u>			
Medicine A	2,035	3,620	2,627
Syphilis		4,044	6,329
Tuberculosis			928
Surgery	1,253	3,156	2,100
Pediatrics	1,242	2,635	5,157
Gynecology	803	1,345	828
Obstetrics		1,218	1,509
Urology	1,130	2,019	2,020
Ear, Nose and Throat	925	1,742	1,903
Eye	402	1,200	1,859
Dental			1,958
Special		105	692
Total	7,790	21,084	27,910



SOME PERTINENT FIGURES

1932	1933	1934	
1,010	825	419	Medicine
991	734	336	Surgery
1,775	781	340	Pediatrics
863	584	278	Gynecology & Obstetrics
323	183	114	Urology
417	368	249	Ear, Nose and Throat
308	171	102	Eye
1,325	102		Dental
386			Special
6,844	3,838	1,883	Total
3,627	2,820	2,026	Medicine A
8,323	4,044		Syphilis
328			Tuberculosis
3,100	2,188	1,222	Surgery
8,154	3,822	1,242	Pediatrics
338	1,365	603	Gynecology
1,809	1,218		Obstetrics
3,020	2,019	1,130	Urology
1,302	1,742	628	Ear, Nose and Throat
1,829	1,200	402	Eye
1,388			Dental
632	102		Special
24,910	21,084	7,790	Total
1,010	825	419	Medicine
991	734	336	Surgery
1,775	781	340	Pediatrics
863	584	278	Gynecology & Obstetrics
323	183	114	Urology
417	368	249	Ear, Nose and Throat
308	171	102	Eye
1,325	102		Dental
386			Special
6,844	3,838	1,883	Total
3,627	2,820	2,026	Medicine A
8,323	4,044		Syphilis
328			Tuberculosis
3,100	2,188	1,222	Surgery
8,154	3,822	1,242	Pediatrics
338	1,365	603	Gynecology
1,809	1,218		Obstetrics
3,020	2,019	1,130	Urology
1,302	1,742	628	Ear, Nose and Throat
1,829	1,200	402	Eye
1,388			Dental
632	102		Special
24,910	21,084	7,790	Total

	1932	1933	1934
5. Free Patients Admitted for Clinical Study			
Medicine	39	55	71
Surgery	91	101	181
Pediatrics	40	95	84
Gynecology & Obstetrics	96	223	114
Urology	9	13	22
Ear, Nose and Throat	73	81	124
Eye	5	14	19
Dentistry			6
Total	353	582	621
6. Special Services Rendered Patients Treated			
Surgical Operations	541	639	917
X-ray Pictures	520	560	1,637
Laboratory Tests	6,989	14,147	12,956
Prescriptions Filled	2,607	3,656	8,766
7. Average Days Stay			
(a) All Patients	9.9	8.5	8.8
(b) Compensation	10.3	8.7	9.8
(c) Other Full Pay	8.5	7.3	8.7
(d) Part Pay	11.9	6.9	7.8
(e) Free	11.0	9.4	10.1
8. Births	63	212	249
9. Deaths	45	49	64
10. Percent Post Mortems	60%	16.3%	34.9%
11. Cost Per Patient Per Day (1)			
A. All Patients	\$3.96	\$3.23	\$3.13
B. Excluding Newly Born	\$4.23	\$3.64	\$3.48
12. Cost Per Clinic Visit (2)	56¢	27.7¢	28.1¢

(1) Does not include services for which a fee is charged in addition to regular day rate.

(2) Does not include cost of clinical teaching, field nurses or services which are not covered by the 10¢ fee.